

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1155

STATE FILE NUMBER 62-004592

FILED FEB 2 1962

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 15 South Boyle	
3. NAME OF DECEASED (Type or print) First MIDDLE Last RALPH C STOBIE				4. DATE OF DEATH Month Day Year January 24 23 1962			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1901	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) photo operator			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME not known			13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Elizabeth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Address Elizabeth Stobie 15 South Boyle		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL Vascular Thrombosis generalized arteriosclerosis GENERALIZED Arteriosclerosis DUE TO (b) DUE TO (c) 332X				INTERVAL BETWEEN ONSET AND DEATH 8 mo 10 yr.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 9-28-62 to 1-24-62 and last saw her alive on 1-24-62 Death occurred at 2:55 P.M. P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W.B. Cadney (Degree or title) W.B. Cadney M.D. M.D.				22b. ADDRESS St. John's Hosp St. John's Hosp.		22c. DATE SIGNED 1-26-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/27/1962	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. JAN 26 1962		26. REGISTRAR'S SIGNATURE Loard Smith. M.D.	

AMENDMENTS ON THIS RECORD ARE TO FOLLOW

DATE AMENDED

2/23/62

INSTEAD OF

1/23/62

DOCUMENT

Funeral Director

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

1/24/62

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.